

EXHIBIT G



CUSTOMER COMPLIANCE QUESTIONNAIRE

Account Name: ZMC Pharmacy

DBA:

Address: 1041 S Main StCity, ST, Zip Royal Oak MI 48067Account Number: 95197258DEA Number: F20899445Hours of Operation: Monday-Friday 9-7Saturday 9-5 Sunday 10-2Business Type: ☒ Retail ☐ Long Term Care☐ Closed Door☒ Compounding☐ Pharmacy within a hospital, clinic, or medical center☐ Other: _____1. How long has your pharmacy been open for business? 2009

2. What is the approximate percentage of your prescription drug business?

Walk-in: 90 %Fax & Phone: 7 %E-Script: NA %Mail Order: 3 %Internet: 0 %

3. What is the approximate percentage of payment method your pharmacy receives?

Insurance: 60 %Medicare/Medicaid: 30 %Worker's Compensation: 1 %Cash: 9 %

4. Which RX suppliers have you used within the last 12 months?

Amerisource BregentCardinalPSI5. Has your pharmacy ever operated under a different name? NO

6. Is your pharmacy affiliated with another pharmacy? If yes, please provide name and address:

NO7. Has the owner, Pharmacist in Charge, or pharmacy had a license suspended or revoked? This includes from inception to present on the state or DEA license. ☐ Yes ☒ No8. Has the owner, Pharmacist in Charge, or pharmacy had disciplinary action on a license? This includes from inception to present on the state or DEA license. ☐ Yes ☒ No (Please attach a copy of the disciplinary action and resolution)

9. Is your pharmacy licensed to ship outside the state in which it is located?

☐ Yes ☒ No (If yes, please supply a copy of the license)10. Does your pharmacy have a website? If yes, please provide web address: ZMCrx.comShop2mcrr.com

11. Do you have a system in place to notify you if one or more prescribing physicians are writing a high percentage of controlled substance prescriptions being filled by your pharmacy? If yes, please describe your procedure:

Yes. SRS has reporting functions to identify top prescribers by drug class

12. On average how many total (non-controlled and controlled) scripts do you dispense daily? 33313. On average how many controlled scripts do you dispense daily? 102

14. Approximately what is your monthly dispensing average for the following items:

A. Monthly Volume of Oxycodone family (all strengths):

30 116 Scripts 10,010 Tabs

B. Monthly Volume of Oxycodone 30mg:

14 Scripts 1140 Tabs

C. Monthly Volume of Oxycodone 10/325mg:

66 Scripts 5970 Tabs

D. Monthly Volume of Hydrocodone family (all strengths):

172 Scripts 11824 Tabs

E. Monthly Volume of Hydrocodone 10/325mg:

95 Scripts 7646 Tabs

F. Monthly Volume of Gabapentin (all strengths):

150 Scripts 10028 Tabs**PHARMACY PICTURE REQUIREMENT***Please send the following pictures of your pharmacy: 1- Building with sign, 1- Street view, 1- Posted business hours, 2- Prescription product storage and shelving, 2- Inside of pharmacy retail and waiting area.*

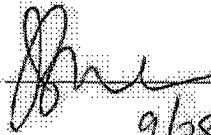
Questionnaires can be submitted via fax, email, or upload portal on the Auburn website. Pictures can be emailed or submitted through the upload portal on the Auburn website. Pictures cannot be faxed. The questionnaire will be pending approval until pictures are received.

I, Jalal Zawander as the ☒ owner ☐ representative, have completed this form to the best of my knowledge and ability.

Printed Name:

Jalal Zawander

Signature:



Title:

PharmD

Date:

9/28/20*****FOR OFFICE USE ONLY*****

State License Verification

Date: 10-6-20Initials: RCCity Population: 59,461

DEA License Verification

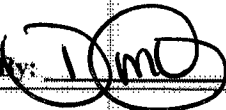
Date: 10-6-20Initials: RCCustomer Ratio: 70/30

ARCOS Lookup

Date: 10-6-20Initials: RC

Notes

Approved By:



Date:

10/14/2020Compliance Email: COMPLIANCE@AUBURNPHARM.COMCompliance Fax: (248)247-3272 ****PLEASE DO NOT FAX PICTURES****